

## City Of Southport 137 Worman Street, Southport, Indiana 46227 Office Number (317)786-3585

Email: clerktreasurer@southport.in.gov www.southport.in.gov

## **BUILDING PERMIT APPLICATION**

Date:			
Project Address		<del></del>	
Name of Property Owner			
Address	City	State	Zip Code
Phone # ( )	Email:		
Project Contact Person Name			
Address	City	<b>,</b> State	Zip Code
Phone # ( )	Email Address		
Contractor (Owner-Builder) Company Name	Phone#	:( )	<del>-</del>
Company Address	City	, State	Zip Code
License #	License Type		
My license is in full force and effect. Date:	Contractor's Signature		
	For Office Use Only		
Date:	Processed By:		
Permit #	Cost of Permit:		

## **Building Permit Worksheet**

## Please Print Clearly and Fill in All That Apply.

Type of Construction	Occupancy		Zoning		
Fire Sprinklers? Yes No	Hazardous Materials? Yes 1	No			
Existing Use	Proposed Use				
Assessor's Parcel #	Мар	Lot	Block		
<u>Description of Work</u>					
Commercial Residential	Agricultural	Construction Value \$			
New Building Addition	Alteration Move B	uilding Demolis	h		
Repair/Retrofit Termite/Dry Rot Repair	ir Chimney Repair	Fire Repair	Fire Sprinkles		
Tree Removal Sign Foundation	n Only Other Combination	on Permit (Provide Explanatio	on)		
<u>Description of Work</u> (attach drawings as appropr	riate)				
Description of Building					
Single Family Duplex Accessor	y Building City Owned	Historical	Industrial		
Apartment Building Office/Bank/Profession	onal Educational/School	Medical Building	Store		
Church Restaurant Service Stat	zion Amusement/Recre	ation Other*			
*(Please Explain Other)					
Building AreaSq. Ft.	Building Height	Ft	Stories		
Existing Floor Area Sq. Ft.	Garage	Other	# of Units		
Additional Proposed Floor AreaSq. F	t. Garage	Other	# of Units		
Number of Bedrooms	Number of Bathrooms	Total Nu	umber of Rooms		
Lot Size Sq. Ft. Lot Dimen	ision Fron	t Side	Rear		
Coverage % Setbacks	Front	Rear Left	Right		
Easements	Flood Zone	ALUC _			
Sewer Septic Well					